

CONTINUING EDUCATION APPROVAL FORM

Please complete the following for the course for which continuing education credit is requested and submit to the following address:

Kentucky Board of Social Work
PO Box 1360
Frankfort, KY 40602

1. Provider (check one): Organization _____ Individual _____

2. Name: _____

Address: _____
Street City State Zip

Phone #: _____

3. Title of Course: _____

Is this course to be considered for the three (3) hour ethics requirement?

_____ Yes _____ No

Date(s) of Presentation: _____

of CEU Contact Hours: _____ (50 minutes equals one (1) continuing education hour, do not include breaks, lunch, etc.)

4. Type of Offering: (Academic, Workshop, Institute, Conference, In-Service Seminar, Lecture, Home Study, etc.)

5. Facility: (Classroom, Equipment, Learning Resources, Library, etc.)

6. Instructors (Attach verification of instructor qualification, including educational background).

Name:	Title:
_____	_____
_____	_____
_____	_____
_____	_____

Brief Description of Course: _____

Objectives of Course: _____

Teaching Method(s): _____

Content Outline: _____

Method of Evaluation: _____

Name of person submitting application: _____
(Please Print)

Signature Date

Address City State ZIP Code
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For Board Use Only:

Approved ____ # of Hours: ____ Denied ____ Date ____

Comments: _____

